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tragsmitted to the USPTO, on the date indicated below. THE PROCTER & GAMBLE COMPANY INTELLECTUAL PROPERTY DIVISION WINTON HILL TECHNICAL CENTER - BOX 18 6110 CENTER HILL AVENUE 4 TRADE ulia A. Glazer (Depositor's name) CINCINNATI, OH 45224 (Signature Sentember 2004 (Date) APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 8045M 09/838.512 04/19/2001 Jennifer Lennin Moc TITLE OF INVENTION: MODIFIED STARCH-BASED POLYMER-CONTAINING FABRIC CARE COMPOSITIONS AND METHODS EMPLOYING SAME PUBLICATION PER TOTAL FEE(5) DUS APPLN. TYPE SMALL ENTITY ISSUE FEB DATE DUE \$1330 nonprovisional NΩ \$300 \$1630 09/27/2004 EXAMINER ARTUNIT CLASS-SUBCLASS 1751 510-473000 MRUK, BRIAN P Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or I C. Brant Cook agents OR, alternatively, (2) the name of a single Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. firm (having as a member a registered attorney or Julia A. Glazer agent) and the names of up to 2 registered patent CTFee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer attorneys or agents. If no name is listed, no name 3 Brahm J. Corstanie will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE; Unless an assignce is identified below, no assignee data will appear on the puteur. Inclusion of assignce data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) The Procter & Gamble Company Cincinnati, Ohio Please check the appropriate assignee category or categories (will not be printed on the patent); 🖰 individual **Corporation or other private group entity ** ** government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Hissue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card, Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 16-2480 (enclose an extra copy of this form). Advance Order - if of Copies 1 Director for Potents is requested to apply the Issue Fee and Publication Fee (if may) or to re-apply any previously paid issue fee to the application identified above. Anthorized Signature (Unto)

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2) Fee Address Indication Form

1) Issue Fee Transmittal

3) 4) Number of Pages Including this Page: 3

Inventor(s): Jennifer Leupin Moe, et al.

S.N.: 09/838,512

Filed: April 19, 2001

Case: 8045M

Comments:

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